Case 12-13568 Doc 5 Filed 12/27/12 Entered 12/27/12 08:06:32 Desc Main Document Page 1 of 7

B22C (Official Form 22C) (Chapter 13) (12/10)

In re	Rebertha Rivers	According to the calculations required by this statement:
	Debtor(s)	■ The applicable commitment period is 3 years.
Case N		— ☐ The applicable commitment period is 5 years.
	(If known)	\square Disposable income is determined under § 1325(b)(3).
		■ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

V							
	Part I. REPORT OF INCOME						
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.						
1	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.						
	b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income")	ne'') for Lines 2-10.	,				
	All figures must reflect average monthly income received from all sources, derived during the six	Column A	Column B				
	calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the	Debtor's	Spouse's				
	six-month total by six, and enter the result on the appropriate line.	Income	Income				
2	Gross wages, salary, tips, bonuses, overtime, commissions.	\$ 1,916.68	\$				
	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and	,					
	enter the difference in the appropriate column(s) of Line 3. If you operate more than one business,						
	profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a						
3	number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.						
3	Debtor Spouse						
	a. Gross receipts \$ 0.00 \$						
	b. Ordinary and necessary business expenses \$ 0.00 \$						
	c. Business income Subtract Line b from Line a	\$ 0.00	\$				
	Rents and other real property income. Subtract Line b from Line a and enter the difference in						
	the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any						
4	part of the operating expenses entered on Line b as a deduction in Part IV. Debtor Spouse						
,	a. Gross receipts \$ 0.00 \$						
	b. Ordinary and necessary operating expenses \$ 0.00 \$						
	c. Rent and other real property income Subtract Line b from Line a	\$ 0.00	\$				
5	Interest, dividends, and royalties.	\$ 0.00	\$				
6	Pension and retirement income.	\$ 0.00	\$				
	Any amounts paid by another person or entity, on a regular basis, for the household						
7	expenses of the debtor or the debtor's dependents, including child support paid for that						
,	purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is						
	listed in Column A, do not report that payment in Column B.	\$ 0.00	\$				
	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8.						
	However, if you contend that unemployment compensation received by you or your spouse was a						
8	benefit under the Social Security Act, do not list the amount of such compensation in Column A						
	or B, but instead state the amount in the space below:						
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$	\$ 0.00	¢				
	be a benefit and the bocial becamy fact	ச ப.பப	φ				

9	[F 17, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7					
	international or domestic terrorism. Debtor	Spouse				
	a. \$	\$				
	[b.] \$	\$	\$ 0.0	0 \$		
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is comple in Column B. Enter the total(s).	eted, add Lines 2 through 9	\$ 1,916.6	8 \$		
11	Total. If Column B has been completed, add Line 10, Column A to Lin the total. If Column B has not been completed, enter the amount from I		\$	1,916.6	88	
	Part II. CALCULATION OF § 1325(b)(4		PERIOD			
12	Enter the amount from Line 11			\$ 1,916.	68	
13	Marital Adjustment. If you are married, but are not filing jointly with calculation of the commitment period under § 1325(b)(4) does not requenter on Line 13 the amount of the income listed in Line 10, Column B the household expenses of you or your dependents and specify, in the lincome (such as payment of the spouse's tax liability or the spouse's supdebtor's dependents) and the amount of income devoted to each purpose on a separate page. If the conditions for entering this adjustment do not a. S b. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ire inclusion of the income that was NOT paid on a re- nes below, the basis for exc port of persons other than e. If necessary, list addition	of your spouse, gular basis for cluding this the debtor or the			
	C. \$ Total and enter on Line 13	\$ 0.	00			
14	Subtract Line 13 from Line 12 and enter the result.		\$ 1,916.			
15	Annualized current monthly income for § 1325(b)(4). Multiply the a enter the result.	number 12 and	\$ 23,000.			
16	Applicable median family income. Enter the median family income for information is available by family size at www.usdoj.gov/ust/ or from the		hold size. (This	23,500.	<u></u>	
	a. Enter debtor's state of residence: TN b. Enter de	btor's household size:	1	\$ 39,082.	00	
17	 Application of § 1325(b)(4). Check the applicable box and proceed as directed. ■ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement. □ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement. 					
	Part III. APPLICATION OF § 1325(b)(3) FOR DET	ERMINING DISPOSABI	LE INCOME			
18	Enter the amount from Line 11.			\$ 1,916.	68	
19	a. \$ b. \$					
	C. \$					
20	Total and enter on Line 19.	- 10			00	
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.				ß۵	

322C (O	mciai Fo	orm 22C) (Chapter 13) (12)	10)						3
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.						\$	23,000.16	
22	Applic	able median family incon	e. Enter the amount from	m Lin	ie 16.			\$	39,082.00
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. ☐ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determing 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. ☐ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not not be amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not not line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not line 21 is not more than the amount on Line 22 is not line 21 is not more than the amount on Line 22 is not line 21 is not more than the amount on Line 22 is not line 21 is not more than the amount on Line 22 is not line 21 is not line 22 is not line 22 is not line 21 is not line 22 is not line 21 is not line 21 is not line 22 is not						t detern	nined under §	
	132						ent. Do not complete Par	ts IV, V	/, or VI.
			ALCULATION (
			eductions under Star					1	
24A	Enter i applica bankru on you	nal Standards: food, appar n Line 24A the "Total" am- able number of persons. (T ptcy court.) The applicable r federal income tax return nal Standards: health care	ount from IRS National his information is availal number of persons is the plus the number of any	Standalble at a nur addit	lards for t <u>www.u</u> nber tha tional de	Allowable Living sdoj.gov/ust/ or frot would currently be ependents whom you	Expenses for the om the clerk of the se allowed as exemptions ou support.	\$	
24B	Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.				lable at cable number of persons of are 65 years of age or ory that would currently tional dependents whom and enter the result in the enter the result in Line				
	Perso	ns under 65 years of age		Pers	sons 65	years of age or old	ler		
	a1.	Allowance per person		a2.	Allowance per person				
	b1.	Number of persons		b2.	Number of persons				
	c1.	Subtotal		c2.	Subtot	al		\$	
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$			
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rent expense \$ b. Average Monthly Payment for any debts secured by your								
	home, if any, as stated in Line 47					\$ Subtract Line b for	som I ing s	¢	
	 	Net mortgage/rental expen				Subtract Line b fr		\$	
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					\$			

	Local Standards: transportation; vehicle operation/public transportation expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expense.				
27A	included as a contribution to your household expenses in Line 7. \square 0				
	If you checked 0, enter on Line 27A the "Public Transportation" amount Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	"Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$		
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) $\Box 1 \Box 2$ or more.				
28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 1, as stated in Li the result in Line 28. Do not enter an amount less than zero.	court); enter in Line b the total of the Average			
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 47	\$			
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$		
29	the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy	ership Costs" for "One Car" from the IRS Local Standards: Transportation from the clerk of the bankruptcy court); enter in Line b the total of the Average secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter er an amount less than zero.			
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$			
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$		
30	Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale	come taxes, self employment taxes, social	\$		
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu	retirement contributions, union dues, and	\$		
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.		\$		
33	Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.	\$			
34	Other Necessary Expenses: education for employment or for a phythe total average monthly amount that you actually expend for educat education that is required for a physically or mentally challenged deproviding similar services is available.	\$			
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do		\$		
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.				

B22C (Official Form 22C) (Chapter 13) (12/10)

37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and	
	welfare or that of your dependents. Do not include any amount previously deducted.	\$
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$
	Subpart B: Additional Living Expense Deductions	
	Note: Do not include any expenses that you have listed in Lines 24-37	
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.	
39	a. Health Insurance \$	
	b. Disability Insurance \$	
	c. Health Savings Account \$	
	Total and enter on Line 39	\$
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$,
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.	\$
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	r \$
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.	\$
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.	\$

B22C (Official Form 22C) (Chapter 13) (12/10)

			Subpart C: Deductions for De	bt]	Payment		
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and					Payment, and tal of all amounts the bankruptcy	
		Name of Creditor	Property Securing the Debt		Average Monthly Payment	Does payment include taxes or insurance	
	a.			\$		□yes □no	
				T	otal: Add Lines		\$
48	payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.						
	a.	Name of Creditor	Property Securing the Debt		\$	the Cure Amount	
					1	Total: Add Lines	\$
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33. Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.						\$
	a.	Projected average month	hly Chapter 13 plan payment.	\$			
50	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			X			
	c.	Average monthly admin	istrative expense of chapter 13 case	To	otal: Multiply Li	nes a and b	\$
51	Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.						\$
			Subpart D: Total Deductions f	ron	n Income		
52	Tota	l of all deductions from in	come. Enter the total of Lines 38, 46, and 5	51.			\$
		Part V. DETER	MINATION OF DISPOSABLE	INC	COME UNDI	ER § 1325(b)(2)	
53	Total current monthly income. Enter the amount from Line 20.					\$	
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.					ts, or disability ble nonbankruptcy	\$
55	wage		ns. Enter the monthly total of (a) all amountied retirement plans, as specified in § 541(lipecified in § 362(b)(19).				\$
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.				\$		
							•

	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expense necessary and reasonable.					
57	Nature of special circumstances a. b. c.	Amount of Expense \$ \$ \$ \$				
58	Total adjustments to determine disposable income. Add the result.	Total: Add Lines amounts on Lines 54, 55, 56, and 57 and enter the	\$ ne			
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Li	ne 58 from Line 53 and enter the result.	\$			
	Part VI. ADDITIONA	L EXPENSE CLAIMS				
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welf of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense each item. Total the expenses.					
60	Expense Description	Monthly Amo	unt			
	a.	\$				
	b. c.	\$ \$	_			
	d.	\$				
	Total: Add Lines					
	Part VII. VE	RIFICATION				
61	I declare under penalty of perjury that the information provided must sign.) Date: December 27, 2012	Signature: /s/ Rebertha Rivers	joint case, both debtors			
		Rebertha Rivers (Debtor)				